

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION

PERSONNEL ACTION REQUEST

Date Prepared:

I.	Section:	Time Admin. No.	Soc. Sec. No.	Personnel No.		
	Name:	Leave Earning Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Classified <input type="checkbox"/> Student <input type="checkbox"/> WAE <input type="checkbox"/> Unclassified <input type="checkbox"/> Board/Commission Member		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hrs./Wk.		FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	
II.	Nature of Action: <input type="checkbox"/> New Hire Type: <input type="checkbox"/> Pay Adjustment Type: <input type="checkbox"/> Other Type:		<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Detail	Proposed Effective Date	Ending Date	
III.	FROM		TO			
	Section:		Section:			
	Job Title/Job No.		Job Title/Job No.			
	BiWkly Pay:	Hrly Pay:	GS Level:	BiWkly Pay:	Hrly Pay:	
	Position No.:	Special Pay <input type="checkbox"/>	Type:	Position No.:	Special Pay <input type="checkbox"/>	
	<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.			<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.		
	Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No			Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the position to be used is not in your T.O., which position do you want to swap out of your T.O.?						
Position No./Title:						
IV.	Remarks/Work Schedule/Justification:					
V.	A. Org. Unit No.	B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent
	-----	-----	-----	---	-----	-----
		B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent
		-----	-----	---	-----	-----
OFFICIAL USE:						
Qualified:		Action Reason:		Certificate No.:		Score:
DEPT Preferred <input type="checkbox"/> Yes <input type="checkbox"/> No		Layoff Referral List <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Certification <input type="checkbox"/> Yes <input type="checkbox"/> No		
Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No		Training Series: Date:		Certified Date/Initial:		
PPR:		Perm: Barred:				
Pay Authority:		Pay Reason:				
Position Allocation:		ISIS/HR:		Certified Date/Initial:		
ISIS/HR Processing:		C.O.C.#		Certified Date/Initial/Per. No.:		
VI.	Section Head		Date	Appointing Authority		Date